

**City of Harrisonburg
Harrisonburg, Virginia
Vendor Application for Bidders List
Date _____**

FIRM NAME _____
ADDRESS _____

PHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____

**NAME, ADDRESS, PHONE & FAX NUMBERS OF LOCAL DISTRIBUTOR, REPRESENTATIVE,
DEALER, IF ANY:**

MAILING ADDRESS FOR BID INVITATIONS:

NAME & TELEPHONE NUMBER OF CONTACT PERSON:

NAME OF PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS:
(Please print or type)

*****INSTRUCTIONS*****

Please complete this form in order to place your firm on the City of Harrisonburg bidder list for supplies or services. Please provide an outline of your services or commodities supplied by your firm. If necessary, attach additional sheets specifying manufacturers represented.

Submit the completed form to: **City of Harrisonburg
Purchasing Agent
2111 Beery Road
Harrisonburg, VA 22801
(540) 432-7794
FAX (540) 432-1640
Or E-mail to juanitap@ci.harrisonburg.va.us**